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FORM 3X For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 , over the lines. COMMITTEE (in full) Contriger. M₁U₁N₁O₁Z₁ GROUP IP A C ADDRESS (number and street) Check if different than previously [R,O,U,N,D]ROCK | X T 78680 _|2 ₁1 |9 reported. (ACC) 3. IS THIS **AMENDED** NEW X 8 0 4 OR REPORT (A) (N) TYPE OF REPORT Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report (TER) in the Election on State of 0 B 3 0 2 0 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **ENRIQUE MUNOZ** Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Off ce

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